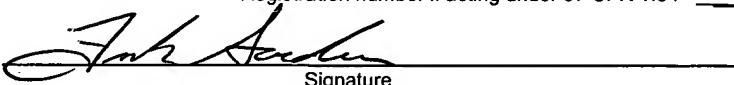




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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 761-17 CON
Application Number 10/065,019		Filed September 11, 2002
For CABLE SUPPORT APPARATUS FOR A RAISED FLOOR SYSTEM		
Art Unit 3635		Examiner Steve M. Varner
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55 \$ 55.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$420	\$210 \$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$950	\$475 \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1480	\$740 \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2010	\$1005 \$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2140</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the	<input type="checkbox"/> applicant/inventor.	
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,918</u>	
	<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	
 Signature		8/16/04 Date
Francesco Sardone Typed or printed name		(631) 501-5700 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

CERTIFICATION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service on date below as first class mail, postpaid in an envelope, addressed to: Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: August 16, 2004


Francesco Sardone

08/18/2004 KBETEMA1 00000038 10065019

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